**Policy/Procedure-Proper Billing/Filling Procedures**

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| Implementation Date: 3/14/2013  Review Dates: 4/2014 | Obsolete Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Revision Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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**PURPOSE:** To educate dispensing pharmacy staff on proper billing procedures of patients’ payors

**SCOPE:** Dispensing Pharmacy Staff

**POLICY:**

1. Filling Procedure:
   1. All new prescriptions require a legal, valid prescription from a licensed prescriber before it may be billed to a payor
   2. All refills must have verbal authorization from a patient or health care provider inside the clinic who has direct patient contact before it may be billed to a payor
   3. The following information must be included in the dispensing software before being billed to a payor:
      1. Patient name and demographics
      2. Prescriber name
      3. Drug name & NDC
         1. AWP
         2. U&C
         3. All other required drug codes
      4. Quantity
      5. Directions
      6. Day’s supply
      7. Written date
      8. Prescription fill date
      9. Number of refills
   4. If the prescription needs a PA, the pharmacy will contact the nurse in charge of prescription drug coverage PA’s and copy the appropriate nurse navigator on communication
   5. Once PA is obtained, nurse will “reply all” to pharmacy staff and nurse navigator
   6. When prescription is able to be billed online, the pharmacy staff will alert patient of their responsibility
   7. If patient has commercial insurance:
      1. Pharmacy will present patient with copay and any possibilities of a copay card from the drug company
      2. Patient will be responsible for any remaining balance not covered by the insurance or copay card at the time of delivery
   8. If patient has Medicare Part D:
      1. Pharmacy will present the patient with the copay at time of adjudication
      2. If patient cannot afford copay, pharmacy will refer patient to appropriate social worker where social worker will:
      3. Investigate availability of non-profit foundation copay assistance for patient
      4. Assist patient in application to non-profit foundation
      5. Notify pharmacy once approval/denial of copay foundation application is received with billing information included
      6. Patient will be responsible for the balance unpaid by the insurance company and copay foundation at the time of delivery
   9. Prescription and prescription label are placed at the “packaging” station
   10. Prescription is labeled and passed to the pharmacist
   11. Pharmacist checks prescription for accuracy, bags, and places in ready bin
       1. If an oral oncolytic, the following will be verified prior to fill:
          1. Dosing based on weight or BSA if applicable. Current weight or BSA obtained from EMR
          2. Dosing is appropriate for diagnosis – FDA indication, dosing from primary literature, etc.
          3. The prescription has been written in the most cost-effective manner possible, for example:
             1. A physician writes for two different strengths of a medication that will lead to copays for the patient. Example:

Two prescriptions written for:

Sutent 25mg one po qd x 4 weeks on, 2 weeks off

Sutent 12.5mg take one po qd with 25mg capsule po qd x 4 weeks on, 2 weeks off

Prescription will be changed to:

Sutent 37.5mg take one po qd x 4 weeks on, 2 weeks off

* + - * 1. A physician writes for a prescription that will be twice as costly to the insurance company in order to achieve dose flexibility for the patient. Example:

Prescription written for Afinitor 5mg 2 po qd #56

Prescription changed to Afinitor 10mg 1 po qd #28

First prescription would be twice as costly to the insurer

Could result in double the copay for a Medicare Part D member

* + - 1. Prescription will be dispensed for no more than a 30 day supply so as to reduce potential waste due to dose modifications or discontinuations
    1. If prescription needs a prior authorization, these will be verified prior to sending PA request to PA department.
  1. Pharmacist files prescription hard copy in appropriate location to keep on file for 10 years
  2. Cashier places prescriptions ready for pick up in “will call”
  3. Patient pick up:
     1. Patient required to sign for picking prescription up
     2. Patient pays portion of prescription cost that they are responsible for
     3. If patient is in remote location and is receiving a specialty medication:
        1. All of the above procedures will be followed
        2. Patient will be contacted for delivery via FedEx
        3. Patient pays via credit card over the phone
        4. FedEx label is filled out and drug is packaged in box with bubble wrap to prevent damage
        5. Package is tracked and once it is delivered, pharmacy staff will print signature captured by FedEx and attach to their copy of packing slip and file in designated FedEx folder to keep for 10 years or as long as prescription records are required to be kept on file at the time of dispense
  4. If a patient has not picked prescription up within 7 days of billing, prescription must be pulled from will call, reversed, and the drug returned to pharmacy stock
     1. Bin Reconciliation is performed once weekly to ensure this is in compliance (see attached Bin Reconciliation procedure)

1. Medicare Specific Procedures
   1. All pharmacy staff is required to complete FWA annual training and attestation as specified by CMS
   2. Pharmacy is subject to periodical audits from CMS and is compliance with all requirements to bill Medicare Part B for Oral Anticancer Drugs
   3. A new prescription must be written each time a patient has a medication filled on Medicare Part B
      1. NO refills are allowed on prescriptions filled on Medicare Part B
      2. Each fill must be under a new Prescription number
   4. Each prescription must have a diagnosis code notated by the prescriber
   5. Place secondary insurance (if applicable) in the “group” field in the patients Medicare Part B plan detail in dispensing software
      1. This code is found on the provided CMS secondary code file
   6. Once prescription is adjudicated, follow filling procedures
   7. At checkout, each patient getting a prescription filled for the first time on Medicare Part B is provided with a sheet to fill out authorizing CCI Pharmacy to bill their Medicare for prescriptions
   8. There is a copy of Medicare Patient Rights by the checkout counter and readily available to all patients.

Attached Documents:

1. Medicare FWA Attestation
2. Bin Reconciliation Procedure

References:

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| Written by: | Date: |
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| Validated by: | Date: |